Procedure – All Accidents: For every accident provide the State Office MSD:

Item	Responsible	Due Within	Date
	Party/Completed By		Sent/Received
Date of Accident	NRCS Employee	Immediately	
		(phone or email	
		OK)	
Name and Office Location of	NRCS Employee	Immediately	
NRCS Employee Involved		(phone or email	
		OK)	
Supervisor Name and Contact	NRCS Employee	Immediately	
Info		(phone or email	
		OK)	
Accountable Property Officer	Supervisor	Immediately	
Name and Contact Info (ASTC-		(phone or email	
FO, SSS, or SAO)		OK)	
Form SF-91 - Operators Report	NRCS Employee,	Three (3) days	
of Motor Vehicle Accident	Supervisor, and APO	from date of	
(Supervisor Signature Required;		accident	
Completed Accident Investigation			
(supervisor or their designee))	ND CG E 1	0 (1) 1	
Form SF-94 - Statement of	NRCS Employee,	One (1) week	
Witness (if witness is available)	Supervisor	from date of	
D. 11. D.	ND 66 F 1	accident	
Police Report (Provide copy or	NRCS Employee,	One (1) week	
certify none exists)	Supervisor	from date of	
	175 66 5	accident	
Tickets Issued (Provide	NRCS Employee,	One (1) week	
details/copy if issued to employee involved or certify none issued)	Supervisor	from date of	
**		accident	
Form AD-112 – Report of	NRCS Employee,	One (1) week	
Unserviceable, Lost, Stolen	Supervisor, and APO.	from date of	
Damaged or Destroyed Property	(NOTE: Attach estimate(s)	accident	
(Signed by Accountable Property	of damages to GOV (see		
Officer)	"Written Estimate"		
	elsewhere in this list)		
Written Estimate of Repair -	NRCS Employee,	One (1) week	
Government Vehicle (minimum of	Supervisor, and APO	from date of	
two; three when damages exceed		accident	
\$3,000) Other: (photos or other	NRCS Employee,	One (1) week	
documentation available)	Supervisor, and/or APO	from date of	
documentation available)	Supervisor, and/or AFO		
		accident	

Once the above information has been gathered, the Supervisor and APO should work together to create a narrative report/cover memo that includes a summary of event, your findings, determination, and action you will pursue in regard to employee discipline. Note that per the State Administrative Officer (also the Property Management Officer (PMO) for Wisconsin); employees should generally receive at least a letter of caution from their supervisor for *any* involvement in *any* GOV accident. Contact State Office, Human Resources or State Administrative Officer prior to taking any disciplinary action(s) related to GOV accidents.

Procedure – NRCS Damage to Third Party: In addition, when there is damage to a third party that was (apparently) caused by NRCS provide MSD at the State Office:

Item	Responsible	Due Within	Date
	Party/Completed By		Sent/Received
Injured/Claimant(s) Name	Supervisor or APO	When known	
Form SF-95 - Claim for	Claimant	Three (3) days	
Damage, Injury or Death		after receipt from	
		Claimant	
Proof of Insurance and	Claimant	Three (3) days	
statement of Claims Made/Paid		after receipt from	
by Insurer		Claimant	
Proof of Ownership (Copy of	Claimant	Three (3) days	
Title)		after receipt from	
		Claimant	
Written Estimates of Repair	Claimant	Three (3) days	
Costs - Claimant Vehicle		after receipt from	
(minimum of two)		Claimant	
Subrogation of Claims Form or	Claimant	Three (3) days	
Power of Attorney when filed	Power of Attorney	after receipt from	
by Third Party (if applicable)	GI :	Claimant	
Miscellaneous (i.e. photo's,	Claimant	Three (3) days	
narrative report)		after receipt from	
D (Al D (C	G ' ADO (MGD	Claimant	
Date Above Documentation	Supervisor or APO (MSD	Three (3) days	
Sent to State Office	facilitates/coordinates)	after receipt from Claimant	
Date Above Documentation	MSD	Ciaimant	
Received at State Office	MSD		
Date Forwarded to USDA	MSD	30 Days from	
Office of General Council	MSD	date of receipt	
(OGC)		date of receipt	
Date Determination Received	MSD	60 Days from	
from OGC	Wisb	date of receipt	
Date Release of Claims and SF-	MSD	One (1) week	
1199A (Direct Deposit) sent to	Wisb	after	
Claimant (when OGC determines that		determination	
NRCS will pay)		received from	
		OGC	
Date Release of Claims and SF-	MSD	Forward to FNM	
1199A received from Claimant		within one (1)	
		week	
Date SF 1145 - "Voucher for	MSD	Forward to FNM	
Payment", sent to for payment		within one (1)	
(FNM if \$2,500 or less,		week	
Treasury if >\$2,500)			
Date Payment Made to Claimant	MSD	Due within 30	
		days from date	
		release of claims	
		signed by	
		claimant.	

Accident File Closeout (State Office Use Only)

Accident files are considered closed when payment is made/received or damages repaired.

The items checked and completed below give a partial summary of the case.

Complete the Appropriate Box		
The Government vehicle was repaired by NRCS at a cost of	\$	
The Government vehicle was repaired by third party at a cost of	\$	
The Government Driver was held financially liable in the amount of	\$	
A claim in favor of the private individual was allowed in the amount of	\$	
Close Out Comments:	I	
State Administrative Officer/PMO Signature	Date	_